

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Sila
District of _____
Town of Hayden
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
County Registrar No. 128
Local Registrar No. 15

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Sophia Sengaris } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth June 16 1925 Month day year

8. FATHER Full name Tom Sengaris 14. MOTHER Full maiden name Elia Pasquiere
9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If nonresident, give place and state If nonresident, give place and state

10. Color or race White 11. Age at last birthday 27 (Years) 16. Color or race Mexican 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Guam 18. Birthplace (city or place) Guam
(State or country) (State or country)
13. Occupation laborer 19. Occupation housewife
Nature of industry Nature of industry

20. Number of children of this mother (a) Born alive and now living 7 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 p.m. on the date above stated.
(Born alive or stillborn.)

Signature Charles H. H. H. H. (Physician or midwife)
Address Hayden Ariz

Given name added from a supplemental report _____
Month, day, year. _____

Registrar.

Filed FEB 12 1925 10 _____
Local Registrar. W. J. H. H.
County Registrar. W. J. H. H.

222-116-175